U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For O	fficial Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7/4/0	2. Fiscal Year Covered From:					
	1 / 1 / 2004 Through: 12 / 31 / 2004					
3. Name and address of person filing.	4. Name, file number, and address of labor organization.					
Name Leo L Bodette	Name Engineers, Operating, AFL-CIO, Local 324					
	Labor Organization File Number 019-088					
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any					
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110					
City Livonia	City Livonia					
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082					
5. Position in labor organization. Business Agent and Secretary						
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):						
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.						
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
-	7.b. Amount.					
Street						
City						
State ZIP Code + 4						
Signature						
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
1 1 1						
Signed	On 734-462-3660					
Form I M 20 (2002)	Date Telephone Number					

Name of Person Filing Leo Bodette	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name Fifth Third Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 38 Fountain Square Plaza City Cincinnati State Ohio ZIP Code + 4 45263	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Operating Engineers' Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2075 W Big Beaver, Suite 700 City Troy State Michigan ZIP Code + 4 48084	Benefit Funds. 11.b. Approximate dollar valu 12.a. Nature of interest held	nager services for the Fringe lue of such dealing. \$250,000 eld or income received. of golf while at the IUOE Annual				
	12.b. Amount.		\$150			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.					